

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayhew
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061251 (2)

1. Corporation Name

BARTENDERS SCHOOL, INC.

Principal Place of Business

5603 E. COLONIAL DR.
ORLANDO FL 32807

Mailing Address

5603 E. COLONIAL DR.
ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1994

3a. Date of Last Report

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

30. Country

4. FET Number

59-3264831

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. The corporation has liability for intangible tax under § 199.012
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SNOW, JOHN R ESQ.
407 WEKIVA SPRINGS RD.
SUITE 229
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0105, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Other Officer)

(Signature of Registered Agent or Other Officer)

(Signature)

12. OFFICERS AND DIRECTORS

NAME
STREET ADDRESS
CITY & STATE

PD
EICHENSEHR, GARY
5603 E. COLONIAL DR.
ORLANDO FL 32807

NAME
STREET ADDRESS
CITY & STATE

VTD
EICHENSEHR, SHARON
5603 E. COLONIAL DR.
ORLANDO FL 32807

NAME
STREET ADDRESS
CITY & STATE

SD
EICHENSEHR, TRAVIS
5603 E. COLONIAL DR.
ORLANDO FL 32807

NAME
STREET ADDRESS
CITY & STATE

NAME
STREET ADDRESS
CITY & STATE

NAME
STREET ADDRESS
CITY & STATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. NAME
3. STREET ADDRESS
4. CITY & STATE

☐ Change ☐ Addition

5. NAME
6. NAME
7. STREET ADDRESS
8. CITY & STATE

☐ Change ☐ Addition

9. NAME
10. NAME
11. STREET ADDRESS
12. CITY & STATE

☐ Change ☐ Addition

13. NAME
14. NAME
15. STREET ADDRESS
16. CITY & STATE

☐ Change ☐ Addition

17. NAME
18. NAME
19. STREET ADDRESS
20. CITY & STATE

☐ Change ☐ Addition

21. NAME
22. NAME
23. STREET ADDRESS
24. CITY & STATE

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from the filing of this report. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation of the owner or holder empowered to execute this report as required by Chapter 199-1, Florida Statutes, and that my name appears on Block 1, or Block 13, of the report, or on an attachment with an address.

SIGNATURE:

GARY EICHENSEHR - GARY EICHENSEHR President 407/281-8391
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR